PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 180. Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

NSTRUCTIONS: This appropriate. All further ndicated unless correcte naintenance fee notifical	form should be used correspondence includi- ed below or directed of tions.	for transmitting the 1 ng the Patent, advane herwise in Block 1, b	SSUE FEE and PUBLICAT e orders and notification of t y (a) specifying a new corre	ION FEE (if requi maintenance fees v spondence address;	ired). Blocks 1 through 5 rill be mailed to the currer and/or (b) indicating a se	should be completed when nt correspondence address a parate "FEE ADDRESS" fo
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B	lock I for any change of addr	Note: A certificate of mailing can only be used for domestic mailings of the Fe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
GREENBERG 3773 HOWARD SUITE 500 NOF LAS VEGAS. N	HUGHES PARKY			Cor	tificate of Mailing or Tra-	
,			<u> </u>			(Depositor's name)
			<u> </u>			(Signature)
						(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.	
			Tullio J. DeCollibus CAPTURE METHOD AND S		087937.000005	1210
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	DATE DUE
nonprovisional	YES	5755	\$300	\$0	\$1055	08/17/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
MAUST, TIMOTHY LEWIS 3751			141-086000			
Change of correspondence address or indication of "Fee Address" (37 Fet 1.563). Change of correspondence address (or Change of Correspondence Address form PTOS/B1/2) attack Tee Address form PTOS/B1/2) attack Fee Address indication (or "Fee Address" Indication form PTOS/B4/7, Rev 0.0-20 or more receni) attacked. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patient front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively considered attorneys or agents OR, alternatively considered attorneys or agent) and the names of up to 2 registered patient attorneys or agent). If no name is listed, no name will be printed.			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE						
SRS Global Solutions Las Vegas, Nevada						
lease check the appropr	iate assignee eategory or	eategories (will not b	e printed on the patent):	Individual XC	orporation or other private g	group entity Government
a. The following fee(s) are submitted: Sizue Fee Fee			th. Payment of Fects: (Please first reapply any previously paid issue fee shown above) A check is enclosed. Psyment by credit eard, Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 5/20466			
a. Applicant claim:	tus (from status indicate s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).
OTE: The Issue Fee and nterest as shown by the r	d Publication For his co records of the Control Sh	uired) will not be acco	pted from anyone other than t ark Office.	he applicant; a regi	stered attorney or agent; or	the assignee or other party in
Authorized Signature					August 14, 200	
Typed or printed name Rob L. Phillips				Registration No. 40,305		
his collection of inform n application. Confiden ubmitting the complete his form and/or suggest	nation is required by 37 C stiality is governed by 35 d application form to the ions for reducing this but	CFR 1.311. The inform U.S.C. 122 and 37 C USPTO. Time will orden, should be sent to	nation is required to obtain or FR 1.14. This collection is es- vary depending upon the indi- to the Chief Information Office FR COMPLETED FORMS TO	retain a benefit by t timated to take 12 : vidual ease. Any ec	he public which is to file (a minutes to complete, include mments on the amount of Trademark Office, U.S. De	and by the USPTO to process ling gathering, preparing, and time you require to complete partment of Commerce, P.O.

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.